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Health Program Handbook

Rules & Regulations of the CalPERS Health Program

California Public Employees' Retirement System

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benefits

You Should Know...

This *Handbook* contains valuable information on how life and career changes can affect your health benefits. File this *Handbook* with your other important papers for future reference.

Plan

Understand

Becoming A New CalPERS Health Program Member

About CalPERS

Welcome to the CalPERS Health Benefits Program. Our program was initially established in 1962 to purchase health care for State employees. In 1967, other public employers, such as cities, counties, and school districts were allowed to join the program. In 1996, we celebrated enrollment of over one million members! CalPERS is committed to providing quality care at an affordable price. As you become familiar with our program, we know you'll feel secure in the fact that you and your family are part of a nationally-recognized program. Again, welcome aboard.

Just For You!

This ***CalPERS Health Program Handbook*** provides you information about when you are able to enroll, who are your eligible family members, and what to do when changes occur in your personal life or career. It is important to remember that these kinds of changes can affect the health benefits for you and your family.

The ***CalPERS Health Plan Decision Guide*** is a "one-stop shopping" booklet designed to provide you help when making a health plan choice. The Guide has several tools for your use; including, a listing of CalPERS health plans, a health plan service area chart, health plan quality information, monthly plan costs, benefit summaries, and more!

As you review those materials, remember that benefits and copayments are different for HMOs, PPOs, and Association plans. Only retired members enrolled in Medicare can choose Supplement to Medicare or Managed Medicare plans. Be sure to use the benefits summary chart that applies to you.

Getting Enrolled

New Active State & Public Agency Members

A Health Benefit Plan Enrollment form (HBD-12) must be completed to enroll. Your Personnel Office or Health Benefits Officer can assist you with the needed paperwork.

New Public Agency Retired Members

The public agency from which you retired must contract with CalPERS to provide health benefits. As a retiree, or a family member receiving benefits as the survivor of a retiree or deceased employee, you will be notified by CalPERS if you are eligible to enroll. The CalPERS Health Benefit Services Division, Public Agency Unit, can answer any questions you may have. See page 12 for the phone number and address.

New State Retired Members

You must be eligible for continued benefits at the time you retired. Refer to **Moving Into Retirement** on page 7 for more information.

Eligibility & Enrollment Information

When am I eligible to enroll in a CalPERS health plan?

To be eligible for the CalPERS program, you must be appointed to a State, public agency, or school district job that will last at least six months and one day, and is at least half-time or more. Eligibility is not based on your job classification.

Retirees Take Note

Retired employees and family members eligible to enroll in Medicare Part A (at no cost) and Part B, can ***NOT*** *be enrolled in a CalPERS Basic health plan. Refer to the* ***Understanding Medicare & Your CalPERS Health Benefits*** *booklet for more important information.*

Who's Not Eligible…
Limited-Term Intermittent State employees — seasonal or temporary — are not eligible for the CalPERS Program regardless of the number of hours worked.

State Permanent-Intermittent (PI) Employees
You are eligible to enroll if you have "qualified" by receiving credit for a minimum of 480 paid hours at the end of a "control period". A control period means the six-month period from January 1st through June 30th (eligible on August 1st) or July 1st through December 31st (eligible on February 1st). Eligibility cannot be attained in the middle of the control period, even if the minimum hours are met.

In order to continue to remain qualified, you must be credited with at least 480 paid hours at the end of **each** control period or have at least 960 hours in two consecutive control periods (current and prior). Checkpoints to determine whether the hours have been met are June 30th and December 31st.

Public Agency Active & Retired Members
If the agreement between your employer, or former employer if you are retired, and CalPERS is terminated, you will no longer be eligible for benefits. While this happens infrequently, if it does, you should contact your agency for alternative arrangements.

When do I enroll?
You have 60 calendar days to enroll in a health plan after your appointment date (or after the end of the control period in which you qualify as a State PI employee). The effective date of coverage is the first day of the month following the date your completed Health Benefit Plan Enrollment form (HBD-12) is received by your Personnel Office or Health Benefits Officer.

Special Enrollment
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in a CalPERS plan, provided that you request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and all of your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. You may also be eligible to enroll under certain other limited circumstances in which a court has ordered that coverage be provided for a spouse or minor child.

Late Enrollment
If you are declining enrollment for yourself or your dependents and do not fit within the "Special Enrollment" exceptions, then your rights (or your dependents' rights) to enroll in the future will be limited. You will either have to wait until the next Open Enrollment Period, or for a 90-day period after the date of your application to enroll, whichever comes first.

Which members of my family can be covered by my health plan?
In deciding which family members to cover, you have two choices:

- you can cover yourself alone and exclude all eligible family members, or
- you can cover yourself and **all** your eligible family members as a single group.

The following family members are **eligible** to be covered by your plan:

- your spouse.
  A copy of your marriage certificate and your spouse's Social Security number are required. Domestic partners and former spouses are ***not*** *eligible.*
- your child, adopted child, or stepchild under age 23 who has never married whether or not they may be living with you.
  Children under age 23 who marry and subsequently divorce, and your children's spouses are ***not*** *eligible.*
- another person's child under the age of 23 who has never been married and for whom you have assumed the traditional role of the parent.
  The child must be living with you in a parent-child relationship in the absence of the birth parents and you must be providing the child with substantial financial support. A notarized Affidavit of Eligibility (HBD-35) is required when you first enroll and must be updated upon request.
- an eligible child over age 23 who has never married and who is incapable of self-support because of a mental or physical disability that existed prior to age 23 (see page 5 for more information).

When you cover yourself and all dependents, you must enroll all eligible family members. However, you have the choice of enrolling the following family members either at that time or a later date.

- A spouse who does not live in your home.
- Children age 18 or older.
- Eligible children who are not in your custody.
- Spouses or children who are in the military, upon their return to civilian life.

It is your responsibility to ensure that **only** eligible family members are enrolled in your health plan. If it is determined that an ineligible person has been enrolled, coverage will be canceled retroactively to the original effective date. You may be billed by the health plan for the total cost of services received. Final determination of eligibility will be made by CalPERS.

How Can Family Members Be Enrolled?

Split Enrollments

Married employees, or retirees, who both work, or worked, for agencies in the CalPERS Health Program can enroll separately. If you and your spouse enroll separately, you **must** enroll all eligible family members, regardless of the relationship, under only one of you. Dependents cannot be split between parents. The effective date of coverage will be the first of the month following the date of marriage. When **split enrollments** are discovered, they will be retroactively corrected. You are responsible for all costs incurred from the date the split enrollment began.

For example: A CalPERS program member with children marries another CalPERS member with children. Each member has their own enrollment in the CalPERS program. All children must be enrolled under one parent, effective the month following the date of marriage.

Dual Coverage

You cannot be enrolled in a CalPERS-sponsored plan as a member and a dependent. This is called dual coverage and is prohibited by law. If you have enrolled through dual coverage, you will be responsible for all costs retroactively to the date dual coverage began.

Family Members You Cannot Enroll

Parents, grandparents, and relatives other than those shown are not eligible for coverage, regardless of dependency.

Protect Yourself! *Changes in your personal life or career can happen at any time. File this* ***Handbook*** *with your other important papers, so you'll know what steps you need to take to ensure proper health coverage when a change occurs.*

Continuing CalPERS Members

Once you have enrolled in the CalPERS Health Program, it is **your** responsibility to keep your employer, if still working, or the CalPERS Health Benefit Services Division, if retired, informed of changes in your family or residence. Timely notification will help assure you access to care and help prevent billing or claims problems.

If You're Still Working . . .

You can make changes to your health coverage by contacting your Personnel Office or Health Benefits Officer and completing a Health Benefit Plan Enrollment form (HBD-12).

If You're Retired . . .

You can make changes to your health coverage by notifying the CalPERS Health Benefit Services Division, in writing, at the address on page 12. Your letter must include your Social Security number; a daytime phone number; your dependent's name, birthdate, relationship, and Social Security number; and the date and reason for changes, additions, or deletions.

Changing Health Plans

Open Enrollment

The annual Open Enrollment Period is your opportunity to change your health plan or add eligible family members. The Open Enrollment Period is from **September 1st - October 15th each year**. Changes you make during the Open Enrollment Period take effect the following January 1st.

When You Move . . .

. . . out of your plan's service area

You **must** change health plans 31 days before or 60 days after you move. The effective date of change will be the first of the month following receipt of your request. Until you make this change your plan may limit coverage to emergency or urgent care only. To assure that you have continued access to the full range of health benefits, you need to select another health plan available in your new service area.

. . . into another plan's service area

If you move into the service area of a plan that was not available to you at your prior residence, you may switch to a new plan. Your request to change health plans must be received 31 days before or 60 days after you move.

If you are retired and enrolled in a Managed Medicare plan and are switching to a Supplement to Medicare plan, it is your responsibility to contact your current health plan or the nearest Social Security office to obtain a release from the Medicare assignment of benefits. If you do not "disenroll" from the Managed Medicare plan, Medicare will not pay your new health plan for services. ***The Understanding Medicare & Your CalPERS Health Benefits booklet*** explains how to make this type of change.

Family Changes

Marital Status

Marriage: Your spouse and stepchildren can be added to your health plan if done within 60 days after your date of marriage. A copy of your marriage certificate and your spouse's Social Security number are required. The effective date of coverage is the first of the month following the date your employer (if working) or the CalPERS Health Benefit Services Division (if retired) receives your marriage information.

Divorce: If you divorce, and your former spouse does not work for a CalPERS employer, your former spouse is no longer eligible for our program. The coverage terminates on the last day of the month in which the final decree of divorce is granted. Former spouses are not eligible for continued coverage, even if the court orders you to provide health benefits. Former spouses may be eligible for coverage under a COBRA or an Individual Conversion Plan (see page 9 for more information). You must submit a copy of the final divorce decree to your Personnel Office (if working) or the CalPERS Health Benefit Services Division (if retired). If your former spouse works for a participating CalPERS agency, they can enroll for benefits in their own name.

Other Family Members

Newborn Or Newly Adopted Child: Your newborn child is covered from the date of birth. Adopted children are covered beginning the date formal adoption takes place. If your current enrollment is a:

- one-party enrollment (yourself only), your child **may** be added within **60 calendar days** after birth or date of custody.
- two-party (or more) enrollment, there is no time limit for enrollment, but to avoid claim payment problems, make changes as soon as possible.

Economically-Dependent Children Under Age 18 (Assumption of Parenting Role): The child of another individual may be added within 60 days of coming to live with you, if the child has never been married, and you have assumed the traditional role of parent for the child. The child must be living with you in a parent-child relationship in the absence of the birth parents and you must be providing substantial financial support for the child. A notarized Affidavit of Eligibility (HBD-35) is required at the time of initial enrollment and must be updated upon request. Coverage begins the first of the month following the date the form is received by CalPERS or your employer.

Children over the age of 18 may be added during the Open Enrollment Period if they meet eligibility requirements.

Age 23 Dependents: Once your children reach age 23, they are no longer eligible for coverage, except as explained below. You can provide them benefits by electing to enroll them in a COBRA or an Individual Conversion Plan. These types of plans are explained on page 9.

"Maturity is the high price for growing up."

—Tom Stoppard, 'The Plays For The Radio 1964-69'

Age 23 Disabled Dependents: If you have an unmarried child who is disabled and incapable of self support, they may be eligible for continued coverage after age 23. During the 60 days before or after the child's 23rd birthday, you must request continued coverage by contacting CalPERS Health Benefit Services Division. Continued coverage is subject to the submission and approval of medical and financial reports. This information must be updated upon request. Disabled children who were never enrolled or were deleted from coverage, are not eligible to re-enroll after age 23.

Changes

More Than 72,000 Already Enrolled! *The* ***CalPERS Long-Term Care Program*** *offers coverage to help pay for the high cost of care at home or a nursing facility. You can need long-term care at any age. Call (800)338-2244 to find out more about the next application period.*

Death Of A Member: The death of a loved one can be difficult. However, it is very important that you contact **CalPERS Post Retirement Services Division at (800)352-2238**, if the member was retired, or the member's employer, if the member was working. Health coverage will end the last day of the month in which the member died.

Surviving family members will be eligible for health benefit coverage, as long as they:

- qualify for a monthly survivor check from CalPERS, and
- were enrolled as dependents at the time of the member's death, and
- continue to qualify as eligible family members.

If you find you are no longer eligible for the CalPERS Health Program, you may be eligible for COBRA. See page 9 for more information.

Death Of A Dependent: If you have lost a family member, notify your employer, or CalPERS if retired, as soon as possible. The monthly premium for State retiree reimbursement for Medicare Part B may be affected.

Career Changes

Changes in your career can affect your employer's contribution or monthly premiums for your health plan. A leave of absence, leaving your job, or retiring all have different consequences, so be sure to read this information carefully.

Temporary Leave

Your health coverage can continue during a temporary leave of absence by completing a Direct Payment Authorization form (HBD-21). This means you will be paying the whole monthly premium directly to your health plan. You are eligible for the Direct Payment option if you:

- go on a leave of absence without pay,
- take temporary disability leave and do not use sick leave or vacation,
- are pending approval of a disability retirement or service retirement,
- are pending approval of Non-Industrial Disability Insurance (NDI) benefits,
- are suspended from service or institute legal proceedings appealing a dismissal from service, or
- are a State Permanent-Intermittent employee eligible for health benefits but in a non-pay status. (Direct pay may only be elected through the end of the qualifying control period.)

Requests for direct payments must be received by CalPERS prior to the beginning of your leave. See your Health Benefits Officer to complete the necessary form. If you do not elect the Direct Payment option while off pay status, your benefits will stop. They will be reinstated when you return to pay status if your earnings are sufficient to cover your share of the monthly premium.

Military Duty

When you take a leave of absence for military duty, you may continue coverage by making direct payments to your health plan. Your employer does not contribute to your health premium nor do you pay any administrative costs. Your CalPERS health coverage will resume the day you return to pay status.

Leaving Your Job

If you leave your job for reasons other than retirement, your health coverage will continue through the month you leave and the month after (if you have sufficient earnings to cover your share of the premium). If you voluntarily cancel your coverage, benefits will not continue and you are not eligible for COBRA group continuation coverage.

If you leave but then reinstate with a break in service of less than one full pay period, your coverage will be continuous. Be sure to notify your employer's Health Benefits Officer if the deductions on your paycheck stub do not resume. If you return after a break of more than one full pay period, you must re-enroll. You will go back into the health plan you were previously enrolled in and you may not change plans until the next Open Enrollment Period.

Moving Into Retirement

Your eligibility to continue your health coverage into retirement depends on when you stop working and the official date of your retirement. For some people, these are not the same date. If you are enrolled in a CalPERS health plan at the time you stop working and your retirement date is:

- within 30 days, your coverage will continue into retirement without a break.
- between 30-120 days, you are eligible to re-enroll when you retire. To do so, submit a written request to the CalPERS Health Benefit Services Division within 60 days of your retirement date or wait for the next Open Enrollment Period.
- over 120 days, you **may not** be eligible for coverage. (Some exempt State employees may enroll as retirees if the gap exceeds 120 days. Contact the CalPERS Health Benefit Services Division for additional information.)

Between your last work day and your official retirement date, you can pay the full monthly premium to avoid a suspension in coverage. Contact your Health Benefits Officer for more information on completing a Direct Payment Authorization form (HBD-21). If you do not want to continue your health insurance into retirement, you must cancel your coverage by completing a Health Benefit Plan Enrollment form (HBD-12).

"Sometimes the road less traveled is less traveled for a reason."

—Jerry Seinfeld

It's Important To Note
Vesting requirements do not apply to those former State employees receiving a disability retirement, California State University employees, or legislative employees.

Employer Contributions After Retirement
Employer contributions for retirees vary according to the agency you retire from and the length of time you worked for the agency. The following is just a summary. For more information, contact the CalPERS Health Benefit Services Division or your former employer.

Public Agency Retirees: Employer contributions differ from one public agency to another. You should contact your former employer regarding the amount of the contribution.

State Retirees: The amount the State contributes towards your health coverage depends on whether or not you are "vested" and is determined by a formula set by law and the date you were first employed. This amount may not completely cover the full monthly health premium, depending on the plan you choose, and you are responsible for payment of the difference.

Vesting Requirements For State Employer Contributions (State Employees Only)
The State's contribution towards your monthly premium costs depends on when you were first hired. If you meet the requirements to continue health benefits into retirement and were first hired by the State:

- prior to January 1, 1985, you are eligible to receive 100% of the State's contribution.
- between January 1, 1985, and January 1, 1989, you are subject to "vesting" requirements. You must have 10 years of service to be fully vested and qualify for 100% of the State's contribution towards health coverage. With less than 10 years, you are still eligible for health coverage, however, there will be an additional cost to you since the State's contribution is reduced by about 10% for each year of service under 10 years.
- after January 1, 1989, you are still eligible for health coverage, however, the percentage of the State's contribution is based on your completed years of State service. The table below shows the percentage of the State contribution you will receive.

Years Of Service	State Contribution
Less than 10 years	0%
10 years	50%
11 through 19 years	50%, plus 5% added per year
20 years or more	100%

Consolidated Omnibus Budget Reconciliation Act (COBRA)

COBRA continuation coverage allows you to continue health coverage if you leave your group plan or become ineligible for health benefits. Your cost is 102% of the group monthly premium rate. You must submit a Group Continuation Coverage form (HBD-85) within 60 days following notification of eligibility. This notification will be sent to you automatically if you are eligible. Coverage must be continuous and you will be required to pay premiums from the date your CalPERS coverage terminated.

You can continue COBRA coverage for 18 months when:

- you separate from employment for reasons other than dismissal due to gross misconduct, or,
- there is a reduction in work hours to less than half-time (or less than 480 hours in a control period for State PI employees).

Coverage may be continued for up to 29 months if you are recognized as disabled through Social Security or the State Supplemental Income program. The cost to you is 102% of the premium for the first 18 months and then increases to 150% of the premium for months 19-29.

Your dependents may enroll in COBRA for up to 36 months at a cost of 102% of the group monthly premium rate based on:

- the death of the employee or retiree under which they were dependents,
- divorce or legal separation, or,
- they are an enrolled child who marries or turns age 23.

COBRA coverage for you or your dependents remains in effect as specified or until one of the following events terminates the coverage:

- failure to pay the premium as required by the plan,
- coverage by another group health plan, or,
- eligibility for Medicare coverage.

California law permits an extension of COBRA benefits for some older employees and their spouses until they can access health coverage through Medicare or another health plan. The premium cannot exceed 213% of the current group rate. To find out more about this provision, contact your employer or the CalPERS Health Benefit Services Division.

Individual Conversion Policy

This is a policy underwritten by your prior health plan. Within 30 days following the loss of eligibility of your CalPERS health benefits coverage or COBRA group continuation coverage, you can request an Individual Conversion Policy through the health plan. All CalPERS health plans offer an Individual Conversion Policy option, but the medical benefits and premium costs may differ from the group coverage.

Medicare & COBRA

If you are eligible for Medicare at the time you lose your CalPERS benefits, you are not eligible for COBRA benefits. Medicare will be your health insurer.

"When you stop spending time with friends, you lose your balance."

—Michael Levine, 'Lessons At The Halfway Point'

Joining A New Health Plan

When you change health plans, it is important to understand how your health care will be delivered. There can be some differences in how each plan operates.

How Can I Get The Most Out Of My Plan?

Read the ***Evidence of Coverage*** booklet provided to you by your plan. Make sure you understand the benefits, what is covered, and any limits. See if your plan has a magazine or newsletter. It can be a good source of information on how the plan works and important policies that affect your care. Be an active participant in your care by asking questions and addressing your concerns.

Picking Your Primary Care Physician (PCP)

Many health plans require that you choose your primary care physician or medical group at enrollment. If you don't, the plan may choose one for you. If this happens and it is not the doctor you want, contact the plan as soon as possible. Make sure the doctor you want will take you as a patient before you notify your plan.

Check Your Monthly Premium Payments

When you change health plans, enroll for the first time, or add dependents, carefully check your paycheck stub or retirement check to verify that the premium is being paid to the proper plan. If you changed plans during Open Enrollment but do not see your new plan's premium payment on your paycheck stub or retirement warrant, **do not use your prior plan for services.**

Contact your Personnel Office (if working) or CalPERS Health Benefit Services Division (if retired) to report the discrepancy and to get information on how to receive needed care.

(A $0.00 deduction for your health plan showing on your pay stub means that your employer (or former employer) is paying the entire premium on your behalf. If you changed plans, you should still check to make sure the new plan name is listed. If not, follow the instructions above.)

Identification Cards

Providing the name of your primary care physician or medical group at enrollment will speed up receiving your new identification card. If you have not received your card within 30 days of initial enrollment or by January 31, 1998 during Open Enrollment, contact the health plan. CalPERS does not issue ID cards.

If you need care before your card arrives, contact your health plan so they can coordinate your care and direct you to the appropriate health plan providers. Health plan telephone numbers and addresses are listed on pages 20 and 21 of the ***CalPERS Health Plan Decision Guide*** booklet.

If you are still working, your copy of the Health Benefit Plan Enrollment form (HBD-12) can be used as proof of plan enrollment until your ID card arrives. **If you are retired**, CalPERS will mail you a letter confirming your plan change. This letter can be used as proof of plan enrollment until your ID card arrives.

The quickest way to get the care you need without an ID card is to contact your health plan. However, if you have talked to the plan and need further help, contact CalPERS.

Ask

serve

When You Need Help

CalPERS and our contracting health plans work hard to ensure smooth delivery of services to you and your family. Sometimes, a disagreement can occur. If it does, the plan and CalPERS are here to help. There are some established processes to assist you, if you need help.

The Grievance Process

Health plans provide a "grievance process" to assist you in resolving your issues, complaints, or disagreements. Your ***Evidence Of Coverage*** booklet has a complete description of your plan's grievance and appeal process. If you cannot locate your booklet, your health plan can send you another.

If you are dissatisfied with the plan's final decision on issues of benefits or eligibility, you have the right to appeal to CalPERS. If you have gone through the plan's grievance process and your concerns are not resolved, the CalPERS Health Benefit Services Division, Member Services Unit or Ombudsperson, can help. Use our toll-free number — **(800)237-3345** — to reach us.

Department Of Corporations' Consumer Hot-Line

The California Department Of Corporations (DOC) regulates all California HMOs. If you have a grievance against your HMO, the DOC may be able to help. If you need DOC help with a complaint involving an emergency grievance or the grievance has not been satisfactorily resolved by the plan, you can contact the DOC at their toll-free number — **(800)400-0815**.

Binding Arbitration

Enrollment in many of our health plans requires that you agree to have any claims or disagreements resolved through neutral binding arbitration, waiving any right to a jury or court trial. You can choose to appeal to CalPERS rather than going through binding arbitration. If you do want arbitration, be sure to consult the ***CalPERS Health Plan Decision Guide*** to determine if your plan participates in this process. The listing is shown on page 1.

Go The Distance

When driving to work, park a half a mile away, and walk the remaining distance. If you do this five days a week for one year, you will burn the equivalent of about seven pounds of fat.

What Every Woman Should Know
The bone mineral content of women smokers is about 15% to 30% less than that of nonsmokers. For men smokers, bone mineral content is about 10% to 20% less. Your risk for osteoporosis can be minimized by increasing your calcium intake, lowering your alcohol consumption and not smoking.

When You Need To Reach CalPERS...

You can call the CalPERS Health Benefit Services Division (HBSD) toll-free at **(800)237-3345**. Representatives are available Monday through Friday, 8 a.m. to 5 p.m., or you can leave a message 24-hours a day, seven days a week, and we will call you back within 48 hours.

Prerecorded messages with helpful information about the Health Benefits Program are available by following the voice prompt.

CalPERS Health Benefits Program Information

Active State Employees
Contact Your Personnel Health Benefits Officer

Retired State Employees
HBSD Telephone Information Center
(800)237-3345
Local Calls (916)326-3970
TDD (916)326-3240
FAX (916)326-3935

Active Public Agency Employees
Contact Your Personnel Health Benefits Officer

Retired Public Agency Employees
HBSD Telephone Information Center
(800)237-3345
Local Calls (916)326-3604
TDD (916)326-3240
FAX (916)558-4106

If you are retired, you can get assistance with questions on eligibility and enrollment by calling the appropriate number shown or by writing to:

CalPERS
Health Benefit Services Division
P.O. Box 942714
Sacramento, CA 94229-2714

Want To Know More?

CalPERS also provides health benefits and other information on the Internet. The CalPERS site address is: **www.calpers.ca.gov**.

When To Call Your Health Plan

If you need help getting an identification card, verifying plan enrollment, selecting or changing a primary care physician, or have a claims issue, **contact your health plan directly**. You can find their phone number and address in the ***CalPERS Health Plan Decision Guide*** on pages 20 and 21.

In Closing

Security and quality are the focus of the CalPERS Health Program. By being informed, you can be a valuable partner in our commitment to good health. Should you ever need assistance with your health coverage, CalPERS staff are available to help.

help Assistance

Commonly Used Terms

We realize that from time to time we use terms that may be unfamiliar to you. This listing can assist you in fully understanding some health industry language and the CalPERS Health Benefits Program. Although not every word shown here is included in this booklet, you may encounter some of this "jargon" when you call CalPERS or your health plan.

Appointment
Hired to a position as an employee working for a State agency, participating public agency, or school district.

Association Plan
A health plan with limited enrollment for members of specific organizations.

Binding Arbitration
A neutral, legally binding dispute resolution process, replacing court or jury trials.

Control Period
A specific period of time in which work hours are counted towards program eligibility.

Copayment
The enrollee's cost for health care paid at the time service is received.

Deductible
In a PPO plan, the annual out-of-pocket amount the enrollee pays toward the cost of care before plan coverage begins.

Dependent
Dependents are your spouse or children (natural, adopted, step, or economically-dependent).

Drug Formulary
A listing of prescription medicines covered by the health plan.

Economically-Dependent
Covering costs associated with housing, food, insurance, etc. needs.

Emergency Services
Medical care required in a life-threatening situation.

Employer Contribution
The amount an employer pays toward an employee's monthly premium costs.

Evidence Of Coverage
A publication containing the benefits, coverages, and limits of a health plan and information on how a plan operates.

Jargon

When choosing a pocket dictionary in a foreign language, look for phrases that handle medical problems, such as "I have pain here" or "call an ambulance."

Are You Listening?
Hearing loss usually occurs slowly over the years. Some signs include:

- *straining to hear normal conversations,*
- *watching faces to follow conversation,*
- *making others repeat themselves*
- *turning up the volume of the radio or television,*
- *thinking others are mumbling*
- *ear infections, or dizziness,*
- *ringing in the ears.*

Generic Drug
Drugs without a manufacturer's name, costing significantly less than a brand name drug but containing comparable effectiveness.

Grievance Process
A formal process used to appeal a health plan decision on eligibility, benefits, or covered services.

Guest Membership
Temporarily utilizing the services of a health plan you are not enrolled in while out of the service area.

Indicator
A specific health care service used as a baseline to measure a plan's performance in delivery of care.

Individual Conversion Policy
A policy written by your health plan to continue health coverage after leaving group coverage.

Maintenance Drug
A long-term use medication.

Managed Medicare
A health plan offering managed health services for Medicare-eligible members.

Medical Group
A group of physicians, specialists, and other care providers contractually joined to provide services.

Medicare
A federal health insurance program for people 65 and older and certain others who are disabled.

Open Enrollment
The time period when members may change health plans or make changes in family member coverage.

Primary Care Physician (PCP)
The doctor you select to coordinate all your health care and refer you to specialists as necessary.

Preventive Care
Those techniques or services used to maintain good health through positive lifestyles and medical screenings.

Supplement to Medicare
A supplemental health plan to cover some of the costs not covered or included in the Medicare program.

Urgent Care
Services required to prevent serious deterioration of health.

Vesting
For certain members, vesting is the amount of time in State employment needed to be eligible to receive the employer contributions toward the cost of care during retirement. The longer in covered service, the higher the employer contribution.

Meaning

California Public Employees'
Retirement System
400 P Street
Sacramento, CA 95814
www.calpers.ca.gov.

HBD-99
September 1997